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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/591,552 06/08/2000 ABN which is a CIP of 09/460,295 12/10/1999 PAT 6,710,030
which is a CIP of 09/163,047 09/29/1998 ABN
which is a CIP of 08/745,603 11/08/1996 PAT 5,814,609
which is a CIP of 08/632,691 04/15/1996 PAT 5,731,288
which is a DIV of 08/540,423 10/10/1995 ABN
which is a CON of 08/141,321 10/22/1993 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/31/2004

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|---------------------------------|--|------------------------|-------------------------|-------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 27 | TOTAL CLAIMS 5 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

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TITLE

CONTORTROSTATIN CN AND METHODS FOR ITS USE IN PREVENTING METASTASIS AND OTHER CONDITIONS

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|----------------------------|---|---|
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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